

Contacts

Last: _____ **First:** _____ **Middle:** _____

Street: _____ **City/State:** _____ **Zip:** _____

Evening Phone #: _____ **Daytime Phone #:** _____ **E-mail:** _____

Sex: ☐ Failure to Report ☐ Female ☐ Male ☐ Other ☐ Transsexual ☐ Unknown

Race: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White ☐ Unknown

Hispanic / Latino Ethnicity: ☐ Yes ☐ No

Date of Birth: _____ **Age:** _____ **Age Unit:** ☐ Days ☐ Weeks ☐ Months ☐ Years

Worksites / School: _____

Occupations / Grade: _____

Exposure Information

Contact Type: ☐ Household ☐ Sexual ☐ Other: _____ **Partner / Cluster Code:** _____

Date of First Exposure: _____ **Date of Last Exposure:** _____ **Frequency:** _____

Nature of Exposure: _____ **Comments:** _____

Testing and Treatment Information

Clinic Code: _____ **Examination Date:** _____

Examination Test: _____ **Examination Result:** _____

Prophylaxis/empiric treatment date: _____ **Drug / Dosage:** _____

Provider (Name / Facility): _____

Disposition and Diagnosis Information

Initiation Date: _____ **Disposition Date:** _____ **Disposition:** _____

Diagnosis: _____ **Referral Type:** ☐ Patient ☐ Provider **Post-test Counseled :** ☐ Yes ☐ No

Currently Assigned To: _____ **Follow-up Date:** _____

Risk Factors

Pregnant: ☐ Yes ☐ No **If Yes, # of Weeks:** _____

Risk factors for complications in contact: ☐ None ☐ Pregnant Woman ☐ HIV Seropositive ☐ Unimmunized ☐ Index case is a super-spreader

☐ Child younger than 5 ☐ Age > 65 ☐ Otherwise immunosuppressed (s/p transplant, high dose steroids, etc)